



2/6
RCE

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO.	APPLICATION SERIAL NO.	EXAMINER	ART UNIT
2885/29	09/494,567	Tonia Meonske	2181

INVENTOR: MARTIN VORBACH et al.

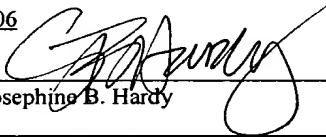
Address to:

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date: January 31, 2006

Signature:


Josephine B. Hardy

SIR:

This is a **Request for Continued Examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 09/494,567, filed on January 31, 2000, entitled RUN-TIME RECONFIGURATION METHOD FOR PROGRAMMABLE UNITS.

The following constitute the submission required by 37 C.F.R. § 1.114(a) and is attached:

(Preliminary) Amendment
 X Information Disclosure Statement and Form PTO-1449
 Drawing Changes
 Other Submission: _____

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						790.00
TOTAL CLAIMS		20		0	50.00	0.00
INDEPENDENT CLAIMS		3		0	200.00	0.00
MULTIPLE DEPENDENT CLAIM					390.00	
02/07/2006 CCHAU1 00000073 110600 09494567 01 FC:2801 395.00 DA				Number extra must be zero or larger	TOTAL	790.00
	If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY	395.00
					TOTAL	

2. Please charge the required RCE and small entity submission filing fee of \$ 395.00 to the deposit account of **Kenyon & Kenyon LLP**, deposit account number 11-0600.

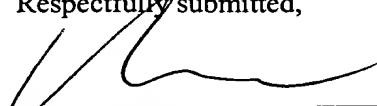
3. Applicant respectfully requests a ____-month extension of time in which to respond to the Office Action dated _____ for which a response period expiring on _____ was set. The extended period expires _____. The Commissioner is hereby authorized to charge payment of the 37 C.F.R. § 1.136(a) extension fee of \$_____.00 to the deposit account of **Kenyon & Kenyon LLP**, deposit account number **11-0600**.

4. The Commissioner is hereby authorized to charge payment of the fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon LLP**, deposit account number **11-0600**.

5. A duplicate copy of this transmittal form is enclosed.

Dated: 31 Jan, 2006

By: Respectfully submitted,


Michelle M. Carniaux (Reg. No. 36,098)

KENYON & KENYON LLP
One Broadway
New York, New York 10004
(212) 425-7200 (telephone)
(212) 425-5288 (facsimile)